



PROGRESS REPORT FOR: Sexually Transmitted Diseases

ON OCTOBER 26, 1994, the Public Health Service (PHS) conducted the second review of progress on **HEALTHY PEOPLE 2000** objectives for sexually transmitted diseases (STDs). The lead agency for this priority area is the National Center for Prevention Services (NCPs) of the Centers for Disease Control and Prevention (CDC). Other PHS participants in the progress review included the Deputy Assistant Secretary for Population Affairs, Director Designate of the National AIDS Program Office, and staff of the National Institute of Allergy and Infectious Diseases of the National Institutes of Health (NIH), Health Resources and Services Administration, Substance Abuse and Mental Health Services Administration, and other centers of CDC. They were joined for the review by invited guests from the Alan Guttmacher Institute, International Women's Health Coalition, National Council of La Raza, University of Washington Center for AIDS and STDs, Marion County (Indiana) Health Department, University of California at San Francisco Department of Obstetrics and Gynecology, Montefiore Medical Center Adolescent AIDS Program, Columbia University Department of Psychiatry, and University of Alabama at Birmingham Department of Medicine.

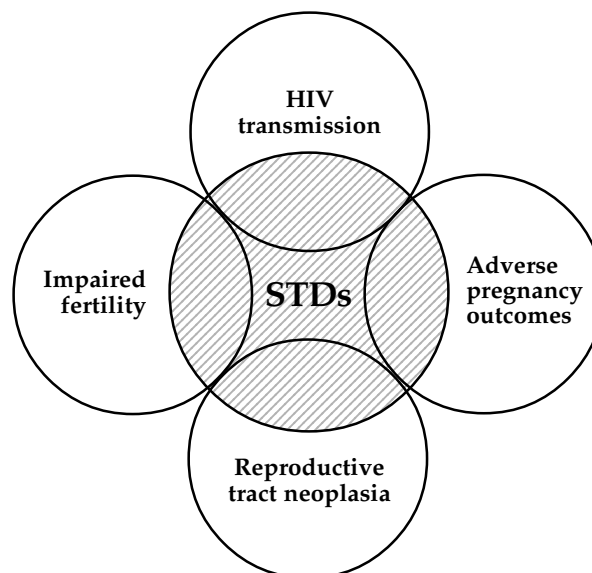
The primary focus of the progress review was the serious health effects that can result from STDs and the need to place a renewed emphasis on primary prevention for at-risk populations. Investments in effective STD prevention would have multiple benefits in terms of HIV prevention and women's and infants' health.

STDs can lead to impaired fertility, adverse pregnancy outcomes, and reproductive tract cancer. STDs also are linked to HIV infection, not only by common underlying risk behaviors, but also by biological mechanisms whereby the presence of STDs increases susceptibility to and infectiousness of HIV infection. Women, young adults, and minorities suffer a disproportionate burden related to STDs. Thus primary prevention, early diagnosis, and treatment are all vital components of the effort to control the spread of STDs and minimize their adverse aftereffects.

Progress has been made in the efforts to reduce the incidence of gonorrhea (objective 19.1). Baseline data show that in 1989 the rates of gonorrhea per 100,000 people were 300 for the total population, 1,990 for blacks, 1,123 for 15- to 19-year-old adolescents, and 501 for females aged 15 to 44 years. In 1993, these rates were lowered to 172, 1,215, 742, and 278 per 100,000 for these four groups, respectively. The rate of repeat gonorrhea infection (objective 19.8) also has improved from 20 percent in 1987 to 17.4 percent in 1993. Although all of these rates demonstrate considerable progress toward the objective and are lower than their associated year 2000 targets, the United States still has among the highest STD rates in the industrialized world.

Trends for syphilis also have shown some improvement. In 1989, baseline data indicated the incidence of primary and secondary

STD Prevention: A Strategic Common Element in HIV Prevention and Women's and Infants' Health



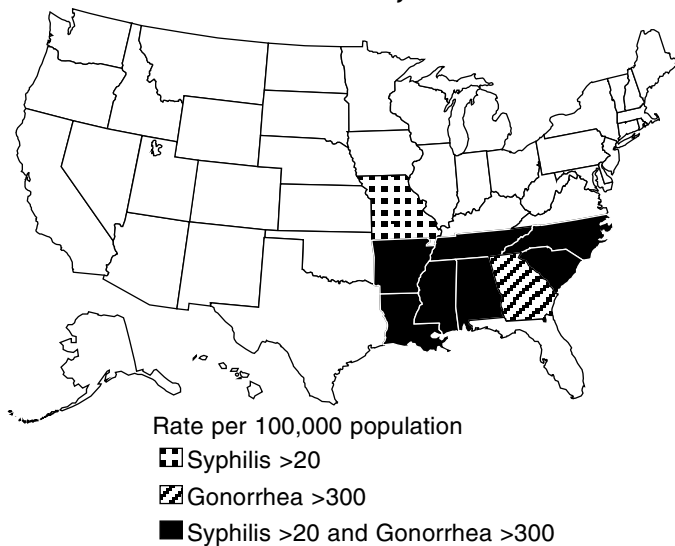
Source: Centers for Disease Control and Prevention

syphilis was 18.1 per 100,000 for the total population and 118 per 100,000 for blacks (objective 19.3). By 1993, these rates had declined to 10.4 for the total population and 77 per 100,000 for blacks. For objective 19.4, which seeks to reduce the rate of congenital syphilis, the most recent data indicate a situation that has improved from the 1990 rate of 91 cases per 100,000 live births. In 1993, the congenital syphilis rate was 79 per 100,000 births.

Southern States, many of which include poor and rural communities, face serious challenges to STD and HIV prevention (see map on back). The States in which there were sustained epidemics of syphilis or gonorrhea through 1993 were also the States that contained 48 percent of the U.S. health districts with the highest HIV seroprevalence among childbearing women. In addition, 87 percent of the U.S. health districts with the highest HIV seroprevalence among childbearing women in 1992 were in States that have had very high levels of syphilis (>20 per 100,000) or gonorrhea (>300 per 100,000) in any year since 1988. Clearly, HIV infection walks in the footsteps of other STDs.

Among the most prevalent of all STDs in women are those that result from *Chlamydia trachomatis* infection. Serious medical and reproductive complications can result from untreated chlamydial infection, including pelvic inflammatory disease, infertility,

States With the Highest Rates of Primary and Secondary Syphilis and Gonorrhea: United States, 1993



Source: Centers for Disease Control and Prevention

STDs, HIV, alcohol and substance abuse, and pregnancy prevention are critically interrelated, and the linkages need to be acknowledged and addressed in public health messages. Other important factors in prevention include empowering communities at risk and involving males in treatment.

The progress review concluded with a summary of action items for pursuing HEALTHY PEOPLE 2000 objectives for STDs. These included increasing access to STD prevention services, particularly for at-risk populations; summarizing barriers to the integration of STD and HIV services; developing a health communication plan to convey positive and specific prevention messages; developing a strategy to better integrate STD prevention and treatment in women's health; proposing a strategy to target efforts in geographic areas with the greatest needs; utilizing mechanisms such as grant programs to universities and health practitioners to improve training and provision of STD services by primary care providers, particularly those who serve youth; collaborating to create a national infertility prevention program focusing on adolescents and young adults; improving STD reporting systems, including a system for chlamydia; summarizing prevention approaches that reach out to minority and other at-risk communities; and using effectiveness research to increase the potential for reducing the health burden related to STDs.

ectopic pregnancy, and eye and lung diseases of newborns. The number of reported cases of chlamydial infection has grown each year since 1984. This trend reflects increases in screening to detect asymptomatic infections in women and in disease reporting. In areas where screening has been widely available and closely monitored, chlamydia prevalence in women has decreased dramatically within a few years of program implementation.

The discussion emphasized the implications that improved primary and secondary STD prevention would have for HIV prevention and for women's health. Congenital syphilis and STD-related infertility, for example, are preventable. The link between STD prevention and family planning services must be strengthened. Participants noted the need for health care providers to have better training in STD prevention and counseling techniques.

One barrier to seeking treatment is the time lag that sometimes exists between infection and manifestation of an STD. The challenge of reaching at-risk populations was also pointed out. In addition to women, adolescents, and young adults, people with low income, blacks, and Hispanics are population groups that suffer a disproportionate burden and resulting complications related to STDs.

The data for objectives 19.9 (sexually active adolescents) and 19.10 (condom use) indicate the need to modify public health messages to young people about sexual behavior. In 1992, 31 percent of female 15-year-olds, 38 percent of male 15-year-olds, and 78 percent of all 17-year-olds reported having engaged in sexual intercourse. In 1992, 41 percent of sexually active females and 56 percent of sexually active males reported having used a condom at last intercourse (objective 19.10). As noted by participants, this statistic calls for a renewed public health emphasis on behavioral issues, including efforts at positive messages such as emphasizing self esteem rather than traditional communication strategies that have focused on fear of disease.

Public Health Service Agencies

Agency for Health Care Policy and Research
Agency for Toxic Substances and Disease Registry
Centers for Disease Control and Prevention
Food and Drug Administration
Health Resources and Services Administration
Indian Health Service
National Institutes of Health
Substance Abuse and Mental Health Services Administration
Office of the Surgeon General

HEALTHY PEOPLE 2000 Coordinator

Office of Disease Prevention and Health Promotion
330 C Street SW., Room 2132
Washington, DC 20201
202-205-8583
FAX: 202-205-9478



Philip R. Lee, M.D.
Assistant Secretary for Health